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Bib Data Sheet

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/800,969 | FILING DATE<br>03/15/2004<br><br>RULE | CLASS<br>043 | GROUP ART UNIT<br>3643 | ATTORNEY DOCKET<br>NO.<br>34781 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

Herbert Modglin, Scott City, MO;

\*\* CONTINUING DATA \*\*\*\*\*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/29/2004

\*\* SMALL ENTITY \*\*

|   |   |                        |                       |                            |
|---|---|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MO   | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br>Examiner's Signature<br><i>[Signature]</i><br>Initials |                        |                       |                            |

## ADDRESS

THOMAS B. LUEBBERING  
 HOVEY WILLIAMS LLP  
 Suite 400  
 2405 Grand  
 Kansas City, MO  
 64108

## TITLE

Automatic jigging device for a fishing rod

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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